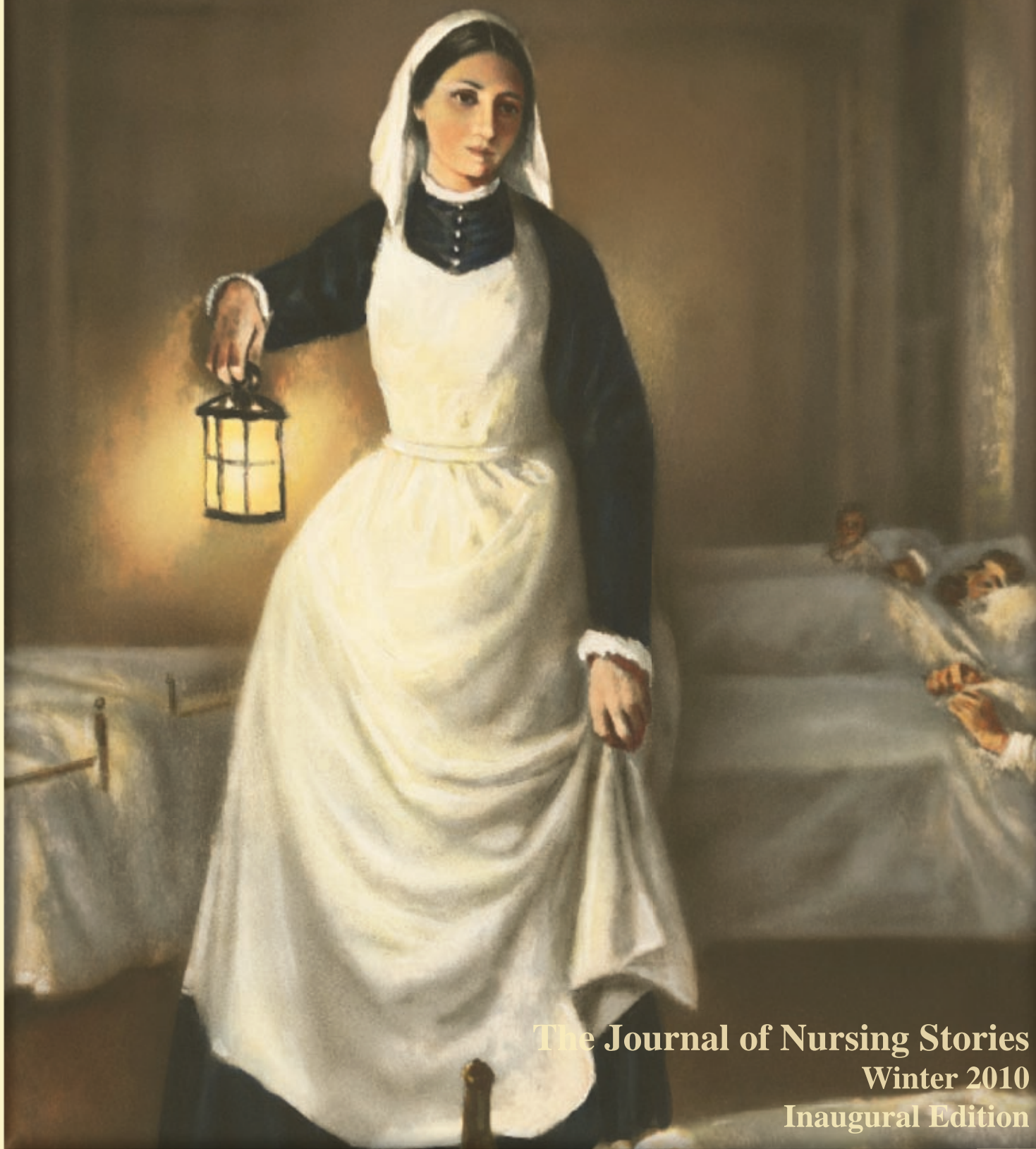


The Lantern



The Journal of Nursing Stories

Winter 2010

Inaugural Edition

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The Lantern

The Journal of Nursing Stories

Winter 2010, Inaugural Edition

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Mission of *The Lantern*

For nearly 25 years, the Bureau of Medicine and Surgery (BUMED) has actively sought out the memories of Navy and civilian medical/nursing personnel. Inspired by this project, the Navy Nurse Corps has conducted over 500 oral history interviews with Nurse Corps officers. A few of these oral histories pre-date World War II, but the majority of these stories are of the women who served in World War II, Korea, and Vietnam. These captured voices not only add to the fabric of the Navy Nurse Corps' heritage, but remind us of the undeniable connection between our past, present and future. It is the mission of this journal to present the stories of the triumph of nursing spirit and to impress the importance of sharing the accumulated wisdom, beliefs, and values.

The Lantern will offer a path of discovery of what we know as nurses: that nurses are always prepared for the unknown. A mundane day can suddenly change. One minute the world is right and the next everything can go haywire. You may be caught up in a moment of time, or in an overwhelming event that can shape your very existence. But with this fact of life we see the one constant, whether it is on the front-lines in World War I, aboard hospital ships in World War II or Korea, or serving stateside in the present wars, nurses are always there to hold a hand of a casualty, reach out to struggling families, and to give words of encouragement to those in need.

The Lantern owes its name to Florence Nightingale, the emblem of the nursing profession. In her stories of service in the Crimean War we can see our own stories of what it is to be the 21st century Nightingales. The intent of this journal is to showcase the eternal story of the nurse and to shed light on the fact that as caregivers you are not alone. These stories are as eternal as the flame that burns within *The Lantern*.

The Lantern will be published quarterly and be available to anyone interested.

CDR Michele Kane, NC, USN

National Naval Medical Center

8901 Wisconsin Avenue

Bethesda, MD 20889-5600

ATTN: *The Lantern*

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Cover image:

“Lady with the lamp” Florence Nightingale (1810-1910) at the Scutari Hospital in the Crimean War.

©Bettmann/CORBIS



Message From the Admiral

The lantern is a traditional symbol and a specter of the timeless tradition of nursing. The lantern's light reminds every nurse of the eternal mission that blazes within each of us and the passion we have for our patients. Like its namesake, *The Lantern* is the unifying symbol for nursing experience, hope, and inspiration. It offers a forum for today's nurses to share their personal accounts of what it is like to be a nurse working for today's Navy. The experiences that are born from war are universal. These stories will allow the light of nursing to forever illuminate the timeless messages of the nurse's connection to their patients and the process of healing for all. The richness of our history is only as complete as the stories that are captured. I look forward to reading your stories in future editions of *The Lantern*. Let's keep the light burning.

RADM Karen Flaherty



STORYTELLING AND *The Lantern*

By Loretta Aiken, MSN, RN
National Naval Medical Center

“This lamp. . . was a symbol of all Florence Nightingale stood for, comfort and kindness and gentleness and courage, and an unswerving devotion to duty. Perhaps deep down, she knew even then that the light from it would go on shining far into the future.”

—From *A Lamp for Elizabeth* by Kathleen O’Farrell

What do the words “storytelling” and “lantern” have in common? Both are ordinary words that we use in daily conversations. We do not readily associate the two words together, but if we add the word “Nightingale,” then the words are at once linked and the reader understands that we are telling a story about nursing.

Storytelling is the oldest form of human communication. As a time honored practice it unites all generations and all cultures of the world. A story offers a personal, firsthand expression of experience; it is an interpretation of a real event presented as a narrative. It is also a thought-sharing process of accumulated wisdom, beliefs, and values that connects person to person and soul to soul. A story explains how things are done, why they are done, and describes roles and purpose. It also connects people to past, present, and future events, and helps listeners anticipate possible consequences to actions. Stories are important because they provide personal archives of valuable information about values, successes, and practices.

Everyone loves a good story and it is hard to dispute the authenticity of subjective truths imbued in a good story. Stories can offer ways to digest news, debrief, renew,

rebuild team spirit, or wrap up something in a way that is non-threatening, constructive, while at the same time serving as entertainment. Stories can be funny events that make us laugh or can describe hard lessons learned in a comical way. They can have good outcomes against all odds, or can simply illustrate a life lesson. Passages of time sweep things away to different places and different centuries, but history is lost forever if no one transforms their thoughts and perspective of events into words.

Stories are great pastimes. They can entertain us with tales of love, romance, adventure or exotic places. Stories can be packaged as long sagas that are drawn out over many tellings, or they can be simple parables about life lessons. Each of us uses our own imagination to interact with the story characters, and that makes us think of what we would do in similar circumstances. Think of bestselling novels that capture our mind so much we can’t seem to put them down.

A story is also a way of passing information from one generation to another, a means of teaching lessons to children, students, people of the same profession, or anyone reading it. Stories can be used to highlight good behavior in the worst of circumstances, point out bad behavior and its rippling



“Antique Lanterns” courtesy of
The Chattanooga Auction House
(<http://www.thechattanoogauctionhouse.com>)

effects, or they can help provide a basis for personal ethics, morals, and life plans. Stories can be used as a warning, a prediction of human nature, and/or can inspire self and others to do great deeds. Stories pass down information about anything from human frailties, or fear, to heroic epics about war. Stories can tell of events so horrible that a person can suffer anxiety for the remainder of his or her life by merely being a participant, or a story can just as easily explain how someone overcame the event and went on to have a meaningful life as a result of the experience. Telling a good story is an art that can captivate an audience, or it can just as easily be

an inspiration for future decision making choices. A story is simply a personal narrative about the when, what, where, and how events happened.

Stories about war or tales of great feats in battle have been around from the beginning of civilization. Was Homer a historian or just a teller of tall tales? Did Helen's face really launch a thousand ships, or did her famous beauty simply grow to mythic proportions with time? Think of the Bible and all the war stories and great battles mentioned in it. All children and even adults identify with "Once upon a time," and we immediately think of the countless hours spent with childhood bedtime stories and fairy tales. Stories are also an ideal way for nurses to pass their own personal histories or experiences to their children, grandchildren, and future readers. By the same token, young nurses love to know what other nurses faced in times of turmoil or trouble, and how the nurses overcame their obstacles. Stories can help nurses share their personal experiences and provide a means of encouragement and support for others who find themselves in similar circumstances. Stories can be current, historic, or ageless in foundation.

About two years ago, CAPT Susan Dionne (USN, Ret.) sent an email to the nursing staff at the National Naval Medical Center in Bethesda asking us to write down our memories of working with the wounded warriors of the current Iraq and Afghanistan Wars. Once the email string started, nurse after nurse added brief accounts of what each remembered about certain events, what they had seen, and how it affected them personally. It

turned out to be a fascinating snapshot of events that had occurred, how the nurse had coped and what she/he thought about afterwards.

Nurses wrote poignant accounts of what had taken place during just a few moments in their lives, and the readers had astounding information from brief recollections of personal experiences. The reaction of the nurses reading the stories was the actual foundation for planning this journal in order to capture the individual nursing war stories for future generations.

If we read a story about a nurse 150 years ago, we immediately think about long dresses, corsets, never-ending hours spent cooking, cleaning, and caring for the sick, not to mention not being recognized as a true professional member of the health care team. Can any of you imagine a military hospital without sanitation, no electricity or running water, little or no general anesthesia for complicated battle injuries and amputations, and only whiskey for medication? Couple that with long hours, long wars, and the fear and anxiety of being on a battlefield with incoming mortar attacks, communicable diseases, endless streams of war casualties, plus having to deal with the open hostility from men and medical officers who consider nurses to be non-professional, subservient handmaidens.

Most people, especially nurses, know something about Florence Nightingale and how she found her niche in history. She was an English nurse who started a nursing school and subsequently helped define nursing tradition. Even though she has been dead for 99 years, her name still resonates through the nursing service and popular culture.

She still has books written about her, has college nursing programs called "Nightingale Schools," and she still is considered the Mother of Modern Nursing. Not only that, countless nursing students over the last century have probably written more pages about her than any other woman in history. Who among us does not remember staying up into the wee hours of the night writing papers about her theories of what nurses should study, how we should dress, and what behavior is appropriate? Remember the Nightingale Pledge which was the nursing roadmap for so many of us in years past? Oh yes, did I mention she wrote stories about being a combat nurse?

Let's take a quick look at the story of Florence Nightingale and see why she was such a unique person of her time: Miss Nightingale was born into an affluent family who had money, power, and status. She was well educated, fluent in several languages, a prolific writer and math whiz, and would have been a great catch for some likeminded nobleman. Instead of marrying a man of her families's choosing, she shocked them by wanting to be a nurse. According to the story, she undertook her own destiny by ignoring her mother's pleas to marry a man of means. Florence set her mind on nursing and nothing was going to deter her from her "calling." As the story goes, she studied hard and learned all she could about nursing of that time. She devoutly believed that nursing was as art as well as a science, and used scientific principles and advanced thinking on evidence-based practice to improve conditions in hospitals and clinics caring for the poor. It was her success and fame



Florence Nightingale (1820 - 1910), British nurse and hospital reformer at Scutari hospital during the Crimean war.

Photo by General Photographic Agency/Getty Images

in this area that eventually led to her unlikely appointment in Turkey during the Crimean War.

Wow, we wonder this far into the story what is going to happen to her in the war zone and will she buckle under the pressure! What would we do in her place and how would we do it? So the next part of the story finds Miss Nightingale in a strange land, in the middle of a war, and with very few people who even wanted to be bothered with her and her noble cause.

In 1854, Florence and 38 nurses she had trained set out to work in a British field hospital in a war zone in Scutari, Turkey. Upon arrival, they immediately saw the disgraceful condition of the hospital. The wounded British soldiers were getting minimal care from exhausted, poorly prepared medical officers, the food was scarce, and cooking

facilities were limited. The hospital itself had deplorable conditions with practically no sanitation, sewers and chamber pots overflowing, no ventilation, severe overcrowding, limited medications, and massive infections. Soldiers not only suffered from combat injuries but were also gravely ill from infections that included typhus, typhoid, and dysentery. The hospital lacked other facilities including an adequate water supply, had little or no heat in some areas, and was oppressively hot in other parts. Blood, pus, and human excrement covered the floors.

One would think if conditions were this bad, any help would be appreciated—but this was not the case! Instead, Florence and her nurses faced incredible hardships because of their gender, met with hostility from military officers and physicians, and were overwhelmed with filth and disease. The nurses' quarters were rat and flea infested hovels without beds or cots to sleep on. The nurses had practically no supplies to work with, and lacked medications to help the raging infections and massive injuries. They also had no way to relieve the severe pain of gunshot wounds, amputations, and screams of young men dying in the prime of life. As if all this wasn't enough, Miss Nightingale was faced with constantly being a role model to the women who had accompanied her in to the combat zone. These nurses were homesick; some were afraid of their own possible injuries, and others actually did contract some of the infections and diseases like soldiers had. (Not unlike current nurses in combat zones).

Many people (especially men) sneered at our heroine and believed

Miss Nightingale and her combat nurses would not be successful in overcoming these insurmountable odds to care for the war wounded. Needless to say, the naysayers were not familiar with the stamina and fortitude of a group of nurses on a mission. Florence Nightingale and her nurses cared for and comforted injured soldiers, cleaned the wards, improved the ventilation and sewers, and attended the bedsides of the dying. As busy as she was, she still took the time to write about her struggles and how she and her team brought about change. She wrote about lessons learned, and about human nature in the worst of circumstances, and most of all about what it was like to be a combat nurse, as well as what she thought, and how her nurses reacted. She knew change was desperately needed, so Florence renewed her belief that she had been "called" to nursing, and became the change agent herself.

By using all her personal and family influence, not to mention the press, she really brought about change to battlefield hospitals. What Florence accomplished can only be likened to a modern female Rambo, GI Jane, or Wonder Woman. She was a true to life, red blooded woman (Nurse) who undertook a task so incredible that it is almost inconceivable that it could have been done. But somehow she prevailed and made do with what she had. She and her nurses cared for and comforted injured soldiers and undertook the unending tasks of running an overcrowded and understaffed battlefield hospital. Many people had different ideas of the complicated tasks at hand, but nurses basically watched over the sick and

did what they could to relieve the human misery of war. Florence went about caring for the sick and wounded, and kept watch at night. She walked through the hospital corridors in the dark, making rounds with a small lamp or lantern to see well enough to give a drink of water, cover with a blanket, or murmur English words to men who were shedding their life's blood on foreign soil.

Soon soldiers began to tell stories of a lady with the lantern who had visited them during the night. Many thought she was an angel or maybe a ghost, others thought the nurse was a specter of a dead mother or sister who had come to help one cross over to the afterlife, while others simply took her as a woman with some type of lantern who came to check on them. The legend of the lone woman going from soldier to soldier was part fact and part lore, and it was one of the great human nature war stories that took root and endeared nurses to soldiers and families on the home front.

Florence Nightingale gained the name "Lady with the Lamp" during the Crimean War and became the darling of the press. Many people thought her as popular as Queen Victoria, and she became a legend in her own time. She also knew the advantages of appealing to the public and took pen in hand to write profusely of her work and her uphill battles for the good of the poor soldiers who were fighting for England, as well as the changes she brought to a nation by reforming hospitals and educating nurses based on solidly scientific foundations.

Others took up her cause and wrote about her good deeds and

accomplishments. Florence became a national hero and was most frequently introduced as "The lady with the lamp." She was the object of songs, poems, books, sonnets, stage plays, newspapers, had her picture on money, and made the rounds of government agencies to promote her cause. She became a patron of orphanages, poor women, and women in general, and most little girls throughout the world knew about what Florence had accomplished for womankind.

The Times in England wrote: "She is a 'Ministering angel' without any exaggeration in these hospitals, and as her slender form glides quietly along each corridor, every poor fellow's face softens with gratitude with the sight of her. When all the medical officers have retired for the night and silence and darkness have settled down upon those miles of prostrate sick, she may be observed alone, with a little lamp in her hand, making her solitary rounds."

In 1857, Henry Wadsworth Longfellow's poem "Santa Filomena" contained:

*Lo! In that hour of misery
A lady with a lamp I see
Pass through the glimmering gloom,
And flit from room to room.*

Again, is there any nurse among us who can't identify with the simple words of this story now? Maybe now we don't walk around on our rounds with a bare candle, lamp, or lantern, but we do make rounds with a flashlight in hand.

We walk through the wards at night and shine a little light to do pretty much what Miss Nightingale did 150 years ago. It was called nursing then and it is still called

nursing now. Offering a drink, putting an extra blanket on, holding a hand, or listening to a young soldier's cry is still very much part of nursing today and it can be done in a field hospital, on a medievac plane, or at one of the big military or veterans' hospitals who receive war wounded. Over a century and a half has passed since the image of a lone nurse walked in the dark with a small lantern in hand, but the story is just as real today as it was then. Just ask any of our current wounded warriors.

We let our imaginations run and think more about the story of the nurse walking with a little lantern in the long ago battlefield hospital. Do you wonder what went through her mind? Do you feel her fear? Can you imagine her despair? Was she ill, was she homesick, did she think of friends and family at home, was she looking for anyone she knew among the battle wounded? How did she cope with loneliness, hopelessness, and the scope of what she was a part of? Did she think herself a historical figure in a moment in time, an angel of mercy, or was she angry or depressed by her circumstances?

All of these questions are stories unto themselves but they spark our imagination and make us wonder about that long ago nurse who was living in a nightmare called a war zone. The only way we would actually know what she was thinking was if she recorded her thoughts and passed them along its way into history. And what phrases come to mind now when we talk about Florence and her lantern? "Seeing the light," "Light at the end of the tunnel," "Light in the eyes," "Coming back to the light," "Going toward the light," "Coming back

from the dark,” “Angel of light” or most simply “Angel of Mercy.” Every day in hospitals we hear all these terms in normal conversations but most of us never associate the words with that lady that carried a lantern and lit her way down the long winding road of nursing history.

Over the years, Florence Nightingale became the “Mother of Modern Nursing” and founded nursing as a profession. Even though she was not considered exactly a feminist of modern times, she certainly helped make nursing a respected vocation and significantly contributed to professional nursing in military service worldwide. Historians have written fondly of her accomplishments, and she has firmly established her rightful place among the world’s most influential women. She is considered almost saint like, and little girls still play with Florence Nightingale dolls. The lamp itself has become a universal symbol for nursing and for over 100 years, nurses have received small lamps in capping ceremonies or graduation from nursing schools worldwide.

As a result of her storytelling and writing skills, Miss Nightingale went on to start a dynasty for nursing, opened a nursing school, and wrote for the rest of her life about being a change agent. It is from her many works we know how desperate and desolate combat nursing could be then, but it is also a story about the triumph of a woman who set out to seek fulfillment in a profession that she helped create. We also know from other nurses writing for the next 100 years that they too suffered many of the hardships Miss Nightingale and her nurses

suffered during the Crimean War.

Each new generation of nurses in later wars brought changes that improved battlefield medicine and combat nursing. The “Lantern” was named in honor of Florence Nightingale, but it is also a guiding light to nurses today, just as it was then. The passage of time changes a lot of things but some ideas and practices stay the same year after year. These are not bad things because they are called traditions and still help to make up the very soul of the nursing profession.

Forty-three years ago, I was given a Nightingale lamp during my own Capping Ceremony in a small hospital-based diploma nursing program in Ohio. As student nurses, we had learned the historical significance of the lantern and all of us stood so proudly to recite the Nightingale Pledge in the candlelight. I thought of my world at that time and how the United States was in the middle of the Vietnam War.

At 18 years old, I asked myself if I had the courage to stand in a combat zone and give comfort to fellow Americans dying in battle. Just the thought scared me because I could imagine how anyone carrying a lantern might become a target. Those thoughts were just fleeting because I already knew the likelihood of me ever leaving my small town was almost nonexistent. War nursing was for the strong at heart and somehow I just couldn’t see myself ever facing what Florence Nightingale had done so many generations before me. Well, life never seems to work out the way we plan it and mine didn’t either—but that’s another story.

My Nightingale lamp has been on my bedside table all these years

and sometimes I look at it and think over my long nursing career that has spanned three wars. Who would have ever thought four decades ago that I would have spent my entire nursing career working with war wounded and veterans? I wouldn’t trade my experiences for anything on earth but after seeing countless battle injuries and three generations of war injured, I have a special place in my heart for Florence and her small light. She is still an inspiration to nurses, and we salute you “Dear Florence” for what your lantern symbolizes. ■

WHISPERS FROM THE PAST: CLARA BARTON SPEAKS

Of the near legions of famous Civil War nurses, Clara Barton's name is perhaps best known. Throughout the war she cared for many wounded soldier and sailor, distributed medical supplies, and organized a bureau of records that lead to the identification of many "lost" soldiers killed in action. We know Miss Barton through histories of the war, but also through her own writings. Clara Barton lived during a literate time in America in which people wrote copious letters and maintained journals that recorded their thoughts and feelings.

Today, web portals like Google Books have opened up these time capsules of experience for those unable to visit a research library or archives. Many of Barton's writings on the development of the nursing service, and the experiences of the individual nurses can even be found through a simple internet search. On one website there is a remarkable 90-page document detailing her experiences as a nurse and describing the aftermath of a battle which we have excerpted below.

The most fearful scene was reserved for the night. I have said that the ground was littered with dry hay...and that we had only 2 lanterns. But there were plenty of candles...

The wounded were lain so closely that it was impossible to move about in the dark. The slightest misstep brought a torrent of groans from some poor mangled fellow in your path.

Consequently there were scores of persons of every grade from the careful man of God who walked with a prayer upon his lips to the careless driver, hunting for his lost whip, each wandering about among this hay with an open flaming candle in his hand.

The slightest accident, the mere dropping of a light, would have enveloped in flames this whole mass of helpless men.

How we watched and plead, and cautioned, as we worked, and wept that night.

How we put socks and slippers on their cold damp feet—wrapped blankets and quilts about them—and when we had no longer these to give how we covered them in the

hay and left them to their rest.

The slight naked chest of a fair-haired lad caught my eye, and dropping down beside him, I bent low to draw the remnant of his torn blows about him. When, with a quick cry, he threw his left-arm across my neck, and wept like a child at his mothers knee.

I took his head in my hands and held it until his great burst of grief

should pass away.

"And you dont know me" he said at length—"I am Charley Hamilton, who used to carry your satchel home from school."

My faithful pupil—poor Charley! That mangled right arm will never carry a satchel again. ■



Clara Barton, Circa 1865

National Archives Photographic Collection

THE GIRL NEXT DOOR (VIETNAM COMBAT NURSE)

By “Country Joe” McDonald

She grew up in America, just the girl next door
Never thought to question what we were fighting for
They sent her off to war and showed her death and pain
And the girl next door will never be the same.
 Guarding her patients with a .45
 Checking the wounded to make sure they're alive
 By days she's in fatigues and at night she's in a dress
 She's everybody's savior, the Army Combat nurse.
She told her friends “I'll see ya some old day
I've joined the Army and they're sending me away.”
They taught her how to mend a wound and how to tend the sick
But nothing could prepare her for all of this.

 Guarding her patients with a .45
 Checking wounds to make sure they're alive
 By days she in fatigues and at night she's in a dress
 She's everybody's savior, the Army combat nurse.

Women at home waiting all alone
Women in life trying to do what's right
Women in war in blood and gore
Women in death, they die just like the rest.
 A jungle ain't a place for a girl to be alone
 Surrounded by the enemy with all the soldiers gone
 Under attack you know she has got to do her best
 Because she everybody's savior, the Army combat nurse
Back home in civilian life, Army life all done
Childhood friends can't understand why she's not any fun
But a vision of wounded screams inside her brain
And the girl next door will never be the same.

 Guarding her patients with a .45
 Checking wounds to make sure they're alive
 By day she's in fatigues and at night she's in a dress
 She's everybody's savior, the Army combat nurse
 She's everybody's savior (but her own), the Army combat nurse
....but who will save her now?



“Country Joe” McDonald today.

Photo by Jim Block

ABOUT THE AUTHOR

“Country Joe” McDonald has written several hundred songs and recorded more than thirty-five albums in a musical career that extends back to 1964. He is also a Navy veteran who said he was inspired by a nurse to write and sing about Florence Nightingale's contribution to nursing as a profession. He is well-known for being a nursing advocate and a singer of songs about nurses. His one-man show about “The Lady With the Lamp” has brought him critical acclaim from nursing organizations all over the world.

LANTERN SLIDES: A NAVY NURSE PICTORIAL

Long before the advent of cinema, magic lantern slides (i.e., usually painted glass slides) depicting historical events, famous people and paintings, and scenes from popular culture offered an enjoyable recreational activity for citizens throughout the world. People would gather in houses and public venues just to watch the latest slides projected onto a wall. Sometimes these slides were accompanied by music and a storyteller's colorful yarn. Inspired by this often forgotten pastime, we offer you our own special gallery of colorful and historical images "projected" from The Lantern to our readers. In future installments, the "Lantern Slides" section will offer our nurses the opportunity to share images of their experiences, duties, and deployments.



Not Your Typical DNS

Mother Angela Gillespie, Founder of the Holy Cross Nursing Sisters. She was supervisor of the eighty Holy Cross Sisters who served as military nurses during the Civil War.

Navy History and Heritage Command



Nurse "Barbie" Goes to War

In 1991, Mattel released combat nurse "Barbie." No word on whether either Ken or Skipper gave as much back to their country.

Mattel Corporation



Speak Softly and Carry a Big Gun

LTJG Rachel Engler, NC, on her recent deployment to Iraq.



A Nurse and Her Patients

Navy nurse Hazel Herringshaw poses with two of her Marine Corps patients outside Naval Hospital Brooklyn, NY, circa 1918.

BUMED Library and Archives



First Day on the Job

Navy nurse “learning the ropes” on her first day at Naval Hospital Washington, DC, circa 1926.

BUMED Library and Archives

The Lantern wants to share your interesting pictures with our readership. Please send your photographs, both humorous and heartfelt, to CDR Michele Kane (Michele.Kane@med.navy.mil).

FROM POST-IT TO TWITTER: FOUR GENERATIONS OF NURSING

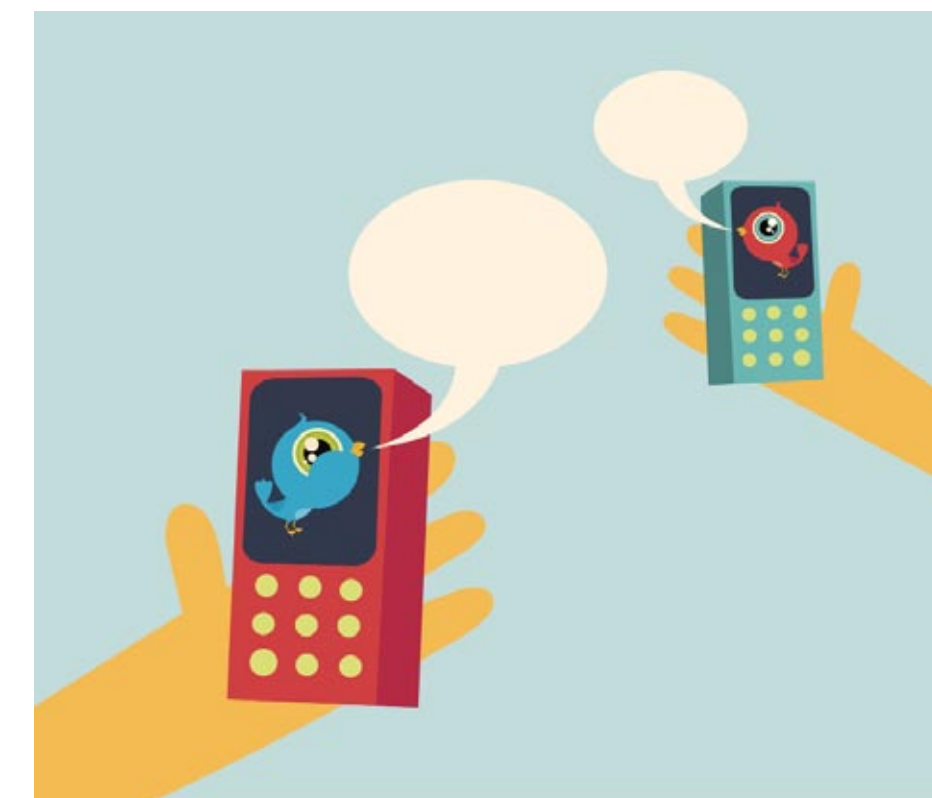
By Barbara Cilento, MSN, M.Ed, RN
National Naval Medical Center

Do you know there are four generational cohorts in the current nursing workforce?

Each generation brings unique attributes. The *Veterans* were born from 1925 to 1945. These nurses were raised in the shadow of World War II and the Great Depression. These nurses are hard-working, financially conservative and cautious. This generational cohort is loyal, disciplined, and respect authority, and justice. They do not challenge the status-quo.

The *Baby Boomers* (born between 1946-1964) are the largest generational cohort in nursing. They were raised in a more prosperous, safe, optimistic and secure time. This was the first generation to grow up watching TV. They saw man walk on the moon, the assassinations of John F. Kennedy and Martin Luther King, President Nixon's resignation, and the cold war. This generation questioned "status quo." This is the Woodstock generation, they fought for civil and minority rights, marched against war, and demanded integrity from their leadership. They are very dedicated to the workplace and don't understand why everyone else is not.

Generation Xers are from 29-44 years old. In their childhood, they saw the collapse of the Berlin wall and the Soviet Union, along with the end of the cold war. They



were the first latchkey generation. Many of the nurses in this generation were raised in single parent households, and divorce rates increased significantly during their childhood. As a result of being left alone, they are very focused on taking care of themselves first. They value self-reliance and work-life balance. In the 1990s, nursing had significant problems attracting the *Generation X* members who did not see nursing offering career growth and entrepreneurial opportunities that other jobs made available. However, *Generation X* has now entered nursing as a second career.

Born between 1980-2000, *Generation Y* is the second largest cohort in the general population. They were raised by parents who nurtured and structured their lives. These are the children of biracial and multicultural marriages. This is a more pluralistic generation which is more affluent, hyper educated, ethnically diverse, and technology accomplished. They were raised in a time where violence, terrorism, and drugs became realities of life. They are familiar with the concept of war, as the enemy may be living in their homes, neighborhoods, and playgrounds in

the form of adults who abuse them, schoolmates who might suddenly and unsuspectingly shoot them and the faceless terrorists who threaten the survival and existence of their world. *Generation Yers* are less likely to assault someone else, less likely to get pregnant, and more likely to believe in God. Technology and instant communication are made possible by cell phones.

Each of the generational groups have been shaped by the events that occurred during their lifetimes. Generational misunderstandings can happen in the workplace.

Technology alone has caused some controversial issues in the workplace for nurses. The *Veterans* like to be informed in person or with written notes of the upcoming staff meetings, whereas the *Baby Boomers* prefer to be told in person or by telephone. The *Xers* like

email and the *Yers* are into twitter. Regardless of the means of communication, it does make for extra challenges for nursing leadership.

Nursing is getting ready to lose two generational cohorts in the workforce to retirement. With the loss of these nurses, the shortage is expected to be severe. Employers are looking at retention strategies to keep these nurses in the workforce. Some of the initiatives are shorter, more flexible hours, lifts at the bedsides, and in-house flex pool options. Mid Michigan Health has a "Retire/Rehire" program that allows retiree opportunities to leave the health system for six months and then return to work on an 800-hour annual schedule while maintaining full time retirement benefits. As employers create new programs to keep their nurses, the generations will continue to work

together and enhance the nursing profession with a variety of personalities and work ethics.

Taking care of our wounded warriors at NNMC, we have many generations of nurses who are frequently seen working side by side giving good, competent care. These nurses have a goal to return the wounded back to the best quality of life that is possible. It is refreshing to see the *Generation Xers* and *Yers* share the knowledge in technology with the *Veterans* and *Baby Boomers*. This is as the *Veterans* and *Baby Boomers* share their clinical experiences with the younger generation working together, our nurses can provide the patients with the best care. ■

DEFINING MOMENTS

By Diana Dwan Poole, RN

Now I Lay Me Down to Sleep. Growing up, I wanted to be a doctor, but money was scarce so I went to nursing school. In 1966, during my senior year, an Army Nurse Corps recruiter came to talk to us. It all sounded so exciting; I would have a chance to travel, it paid well, and most importantly, I was assured that I wouldn't have to go to Vietnam if I didn't want to—which I didn't.

I signed up and after basic training, was assigned to Letterman Hospital at the Presidio of San Francisco. During my two years at Letterman, I received orders

for Vietnam three times. The first two times I said no. But the third time, I decided that my two years of experience would probably be a huge asset over there. We landed in Tan Son Nhut Air Base and when the airplane door opened, I nearly fell backwards, overwhelmed by the heat and the stench. Suddenly all my experience seemed trivial. Being 23 years old seemed very young.

I was scared, but there was no turning back. After our debriefing, I was assigned to the 67th Evac Hospital in Qui Nhon. When the helicopter landed on the hospital tarmac, they set my things onto the

ground. I climbed out, straightening my skirt. The soldiers in the helicopter yelled, "Good luck, Captain," as they took off.

I was in my class A uniform, which meant I was also wearing nylons and high heels. Nothing could have been less appropriate for the surroundings. Miles of barbed wire topped by concertina wire encompassed the hospital compound and the large adjoining airfield, along with acres of hot concrete. I squared my shoulders and marched inside the grim cinder block building in front of me. I was told to get some sleep, because I started tomorrow. I gratefully

fell into a bed and in the morning, donned my hospital uniform - fatigues and army boots just like the soldiers.

Because I was a captain, I was made Head Nurse on the Orthopedic Ward, which primarily held soldiers with traumatic amputations. I took my role very seriously and had a reputation for strictness.

Although I had been a nurse in the States for two years, it did not adequately prepare me for Vietnam. I witnessed a tremendous amount of suffering and watched a lot of men die. One of my rules was that nurses were not allowed to cry. The wounded and dying men in our care need our strength, I told them. We couldn't indulge in the luxury of our own feelings. On the other hand, I was always straight with the soldiers. I would never say, "Oh, you're going to be just fine," if they were on their way out. I didn't lie.

But I remember one kid that I didn't want to tell. The badly wounded soldier couldn't have been more than 18 years old. I could see immediately that there was nothing we could do to save him. He never

screamed or complained, even though he must have been in a lot of pain.

When he asked me, "Am I going to die?" I said, "Do you feel like you are?" He said, "Yeah, I do." Do you pray?" I asked him. "I know 'Now I lay me down to sleep.'" "Good," I said, "that'll work."

When he asked me if I would hold his hand, something in me snapped. This kid deserved more than just having his hand held. "I'll do better than that," I told him. I knew I would catch flak from the other nurses and corpsmen as well as possible jeers from the patients, but I didn't care. Without a single look around me, I got onto the bed with him. I put my arms around him, stroking his face and his hair as he snuggled close to me. I kissed him on the cheek, and together we recited, "Now I lay me down to sleep, I pray the Lord my soul to keep, If I should die before I wake, I pray the Lord my soul to take." Then he looked at me and said just one more sentence, "I love you, Momma, I love you," before he died in my arms - quietly and

peacefully—as if he really were just going to sleep.

After a minute, I slipped off his bed and looked around. I'm sure my face was set in a fierce scowl, daring anyone to give me a hard time. But I needn't have bothered. All the nurses and corpsmen were breaking my rule and crying silently, tears filling their eyes or rolling down their cheeks.

I thought of the dead soldier's mother. She would receive a telegram informing her that her son had died of "war injuries." But that was all it would say. I thought she might always wonder how it had happened. Had he died out in the field? Had he been with anyone? Did he suffer? If I were his mother, I would need to know.

So later I sat down and wrote her a letter. I thought she'd want to hear that in her son's final moments he had been thinking of her. But mostly I wanted her to know that her boy hadn't died alone. ■

ABOUT THE AUTHOR

Diana Dwan Poole was an Army nurse from 1966-1971 who served two tours in Vietnam. She was the Head Nurse of an Orthopedic Ward during her first tour, and Head Nurse of Casualty Receiving and Triage during her second tour. She married Carl Poole, a Vietnam veteran, and raised two children. Even though she is now retired from nursing, she remains active in several Vietnam nursing organizations and still keeps in contact with some of the soldiers she took care of over 40 years ago.

“SHARKBAIT!”

By Lieutenant (Junior Grade) Madge Crouch, NC, USN (Ret.)

By early 1945, several new hospital ships were either nearing completion or undergoing sea trials. To an ambitious Navy nurse, duty aboard one of these gleaming white vessels was a dream come true. LTJG Madge Crouch received orders to USS Benevolence and arrived in Brooklyn, NY, in time “to learn a little about the ship and about ship etiquette.” As she would soon discover, the ladies in white would carry a very special status.

* * *

We had 30 nurses and two Red Cross women, 58 officers, 238 corpsmen, 24 chief petty officers, and a crew of 230 on the *Benevolence*. The skipper was CAPT Clyde C. Laws. He had been an enlisted man who had come up through the ranks. He and Admiral Halsey were good friends and had done a lot of duty together.

CAPT Laws was a fabulous character. He was a short, heavy set guy and when he semaphored, it always looked like he was going to lose his pants. He was so proud of that hospital ship. If we were unlucky enough to scrape the sides of that beautiful white vessel when we docked, he would get up on the deck and start screaming.

He was a father figure to us and even more protective of us nurses than the chief nurse. When we were in Eniwetok, he made sure that when we went swimming, we swam one place and everybody else swam somewhere else. When he would make his announcements, he would get on the PA system and say, “Angels!”... That’s what he called us. “Sharkbait!”... That was everybody else, “Now hear this!”

In May of ’45 he issued an order saying he was arming the nurses aboard with guns and they were instructed to shoot anybody who entered their quarters. I still have that order. It reads:

“The rooms and other spaces assigned for exclusive use of women shall be plainly marked. No male shall enter women’s quarters except on duty or upon specific invitation. No male shall enter the room of any woman between 2100 and 0700 except under escort of the chief nurse or an assistant chief nurse.

In order that all women on board the *Benevolence* understand their right to protect themselves, they are hereby ordered to assume that any man who invades their room quarters between 2100 and 0700 except under escort by the chief nurse or an assistant chief nurse, does so with carnal intent and shall shoot to kill the intruder.”

And he was very serious. He even gave us guns! We had .45s hanging up by our bunks! The crew had a fit with this. “My God, those crazy nurses will start shooting and we’ll all be killed by bullets ricocheting off the steel bulkheads!” Well, the funny part was we didn’t have any ammunition but nobody knew that but the nurses.

ABOUT THE AUTHOR

LTJG Madge Crouch left active duty after the war but remained in the Naval Reserve until she retired as a captain in 1979. She eventually became commanding officer of her reserve unit, which was headquartered at the National Naval Medical Center in Bethesda, MD. She died in 2004 at the age 85.

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ABOUT *The Lantern*

The Lantern is a quarterly publication dedicated to the promotion and preservation of nursing stories. Any opinions expressed in *The Lantern* are those of the respective authors and are not meant to reflect upon the present-day policies of the Navy Medical Department, U.S. Navy, and/or the Department of Defense.

Here at *The Lantern* we are ALWAYS looking for engaging articles relating to military nursing. If you would like to submit an article or news feature for publication, or if you have an idea to suggest, please contact us at:

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